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Embodied Reflexivity in Qualitative Analysis: A Role for Selfies

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Key words: embodiment; qualitative analysis; team reflexivity; selfies

Abstract: This article introduces a case study on the use of selfies as a means to support embodied reflexivity in phenomenological research. There is a recognized need to make reflexive practice in qualitative health research more transparent. There is also a move towards an embodied type of reflexivity whereby researchers pay attention to their physical reactions as part of the research process. Being reflexive is especially challenging when researchers work in teams rather than as individuals, and when researchers and participants do not meet because data collection and analysis are separate from one another. We used FINLAY's (2005) model of reflexive embodied empathy to explain how taking selfies allowed an international team of researchers to engage reflexively with a participant when their primary access to her lifeworld was an interview transcript. Key concepts from FOUCAULT's (1988) theory of technologies of self, critical self-awareness and self-stylization, shed light on this phenomenon.

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1. Introduction

Reflexivity has been defined as "critical self-reflection on how the researcher's background, assumptions, positioning, and behavior impact on the research process" (FINLAY & GOUGH, 2008, p.ix). Clear though this definition may seem, reflexivity has been likened to marriage in that "everyone knows what it is, a lot of people say they do it, yet behind each closed front door there lies a world of secrets" (BOLAM, GLEESON & MURPHY, 2003, §4). The need to address this lack of transparency in reflexive practice (BOLAM et al., 2003; MAUTHNER & DOUCET, 2003) is made more urgent by contemporary trends in research methodology. Increasingly, qualitative research is conducted by teams rather than individuals (PHOENIX et al., 2016). Researchers are looking beyond purely discursive tools (PAGIS, 2009) to an embodied type of reflexivity in which they and research participants co-participate (BURNS, 2003; FINLAY, 2005; SHARMA, REIMER-KIRKHAM & COCHRANE, 2009). Embodied reflexivity is especially challenging when analytic processes are remote from data collection and researchers have no personal contact with participants. A tool that allows researchers to make explicit their embodied connection with research participants, even by proxy, could advance reflexive practice in qualitative research. [1]

This article describes a research team's experiences of using selfies as such a tool. We start by affirming the role of the body in qualitative research and the potential of embodied reflexivity to contribute to qualitative analysis. We report some challenges this presented when we worked as a multidisciplinary research team in which not all members had the opportunity to engage directly with participants. We then present an example of how we addressed this problem through the use of selfies. We theorize our use of selfies, drawing on FOUCAULT's (1988) technology of the self, and use FINLAY's (2005) model of reflexive embodied empathy to structure our experience. The material we used was collected as part of a phenomenological study on medical student identity, but the focus of this article is on how our analysis was informed by embodied reflexive engagement with a single participant, using selfies, which we present as an illustrative case study. [2]

2. Embodied Reflexivity

The importance of the body in qualitative research has strong theoretical groundings. Phenomenology, in particular, gives the body a central role. Researchers tap into the raw stuff of personal experience as lived and felt (TOMKINS & EATOUGH, 2013) to get back to the things themselves (HUSSERL, 2001 [1900/1901]). For MERLEAU-PONTY (1962 [1945]), physical perception, mediated by the body, determines experience. Qualitative methodologies other than phenomenology are increasingly acknowledging that the body is inherent to research processes (SANDELOWSKI, 2002; SEYMOUR, 2007). This creates new ways for researchers to access taken-for-granted assumptions and articulate unconscious pre-understandings. Attention to researchers' embodied responses

—embodied reflexivity—is now part of contemporary qualitative methodology within and beyond phenomenology. [3]

Embodiment theory and attention to how individuals negotiate their everyday lives via their bodies (BENNER, 1994; TOOMBS, 1993) have enhanced our understanding of illness and suffering, yet these understandings relate more to the body of "the Other" than to researchers' own bodies (EDVARDSSON & STREET, 2007). For interviews to be reciprocal processes (DENZIN, 2001), researchers must pay attention to their embodied reactions and experiences with participants and research contexts. This is hard because perceptions are situated, and not always easily expressed (THORESEN & ÖHLÉN, 2015). Entering research participants' lifeworlds by means of embodied reflexivity is a challenging process. [4]

Ironically, embodied reflexivity is especially challenging for health practitioners whose training teaches them to "tune out" their senses (EDVARDSSON & STREET, 2007) and distance themselves from their bodies (LAWLER, 2006; POIRIER, 2006). ELLINGSON (2006, p.300) decried the dominance of "bodiless health care researchers" who perpetuate the mind-body split and suppress theorization of the body as a phenomenological tool. Health practitioners, it seems, are especially prey to VAN MANEN's (1998, p.11) "most common manner of experiencing the body [which is] in the mode of near self-forgetfulness." Healthcare is a particularly appropriate field in which to re-embody qualitative research (SANDELOWSKI, 2002). [5]

The call to do so has not fallen on deaf ears but researchers' successes have also highlighted limitations. A growing literature on embodied reflexivity (BURNS, 2003; EDVARDSSON & STREET, 2007; FINLAY, 2005; SEYMOUR, 2007; SHARMA et al., 2009) has shown how attending to embodied senses and reactions can enrich research findings. It has validated conscious commitment to the physical or perhaps more specifically interphysical dynamic of reactions between researchers, research participants, and research environments. To date, though, research into embodied reflexivity has mostly involved researchers physically meeting and gathering data from participants one-to-one in research contexts. But researchers may choose, or even be expected by funding bodies, to work in interdisciplinary teams. Working within a team, researchers may not have direct access to participants but rather engage with them by reading transcripts of spoken words in the decontextualized and non-embodied context of data analysis. This is even more challenging when conducting international research, in which interviews may have been conducted in a different language from the researchers', so that listening to audio files is not an option. The need for distance, cross-disciplinary, cross-language research to practice embodied reflexivity calls for further study. [6]

FINLAY's (2005) model of reflexive embodied empathy, although developed in the context of face-to-face interactions between researchers and participants, provides a conceptual orientation for researchers wishing to address those limitations. Reflecting on her embodied interactions with participants across a

range of studies, FINLAY described three interpenetrating layers of embodied reflexivity. In the first layer, researchers pay attention to their embodied reactions during and after research interviews to connect with participants. In the second layer, they use their imaginations to re-experience and reenact participants' experiences. In the third layer, a process of merging intertwines researchers' self-understanding and understanding of participants to transform their thinking and enrich their findings. Recognizing the value of this conceptualization to team phenomenological analysis, we framed the research question: How can research teams applying phenomenological methodology to transcribed qualitative interviews incorporate embodied reflexivity into their research practice? The following case study describes how an impasse in the team phenomenological analysis of transcribed data led to an almost accidental decision to use selfies, which enhanced embodied team reflexivity. We describe what a selfie is and develop a theoretical argument for their relevance to the research question before presenting the case study. [7]

3. The Selfie as a Technology of the Self

A selfie is a self-portrait taken by a mobile device held at arm's length. Although first used less than a decade earlier, the word had become so widely used that it entered the Oxford English Dictionary as word of the year in 2013. Despite the popularity of selfies, our understanding of their social meaning is limited. At a simple level, they are photos. They tell stories of who we are and who we are not (RIESSMAN, 2008). Their popularity reflects a change in the use of photographs in recent decades from memory tools to tools for identity formation and communication (VAN DIJCK, 2008). What is interesting about selfies is that they are *constructed* by individuals. They are pictures of the "self." The concept of self-portraiture, of course, is deeply rooted in the human condition. JONES (2002, p.950) wrote that self-portraiture is a "technology of embodiment" in which performance of self is exaggerated. Making selfies is an exercise of entering social and mental contexts, and practicing and playing with modes of expression found there (FAUSING, 2013). Self-produced images and texts "do not simply represent pre-existing selves, individual or collective, but constitute such selves in the very process of representing them" (CHOULIARAKI, 2010, p.229). [8]

TIIDENBERG and GÓMEZ CRUZ (2015) linked selfies to FOUCAULT's (1988) concept of technologies of self when they suggested that processes of self-shooting construct a narrative of embodied selfhood via fantasy, control, self-exploration, and expression. They highlighted two elements of FOUCAULT's theory: critical self-awareness and aesthetic self-stylization. FOUCAULT described four "technologies": of production; of sign systems; of power; and of self. Each technology is associated with a particular type of domination, a particular type of training, and the development of certain skills and attitudes. FOUCAULT recognized that, at any given time, all four technologies interact. In his later life, he was especially interested in the interaction between the technologies of power and self, which he termed "governmentality" (p.19). His writing about the technology of self explored the relationship of the individual with

their body and mind, and how an individual can transform "self" through acts of physical or mental discipline, self-expression and thinking. [9]

It is here that critical self-awareness and aesthetic self-stylization are central. By becoming more self-reflexive, individuals can problematize their identity and question what seems natural or taken for granted. Making apparent the limits of their subjectivity in this way opens up opportunities to create new experiences, or selves. Aesthetic self-stylization is a process whereby individuals act on their bodies to re-present and redefine themselves in relation to others. This is a creative process. TIIDENBERG and GÓMEZ CRUZ (2015) framed self-shooting and posting selfies as a process of self-stylization, which constructed embodied identities and allowed people to reconfigure the meaning of their bodies. [10]

We extend the work of TIIDENBERG and GÓMEZ CRUZ by highlighting the interplay between the technology of power, and the technology of self. As a group of primarily biomedically trained researchers (MK, JdV, EH, TD) working in medical education, we are insiders. We are products and potential perpetuators of medicine's biopower. Yet reflexivity demands engagement of the self, which is traditionally repressed by the objectified generation of medical knowledge. To embrace relatively novel qualitative approaches within our discipline, we needed to engage reflexively with our research participants, exploring self and other. The linkage of selfies to FOUCAULT's (1988) theory provided a theoretical platform for our application of embodied, reflexive empathy and its tension with technologies of power in medicine, which we describe in the case study that follows. [11]

4. Introducing the Study

4.1 Research context

This research was conducted in a specific healthcare context: undergraduate medical education (UGME). Differences exist in UGME between different countries, such as whether students enter medical school with or without prior degrees and how long programs last. In the Netherlands, which was the context of this research, students enter programs of six years' duration soon after completing secondary education. During the first three years, they work towards a Bachelor's degree by studying basic science and learning limited practical skills, mostly in off-the-job settings. During the remaining three years, they work towards a Master's degree by applying their theoretical learning in practice settings and taking increasing responsibility for patient care. Students interact regularly with patients within hierarchical clinical teams. They achieve breadth of experience by moving to different specialties every few months, which means changing learning environments and, often, healthcare facilities. Their days are occupied with clinical activities like ward rounds, talking to or examining patients, and being with more senior staff, primarily doctors. [12]

4.2 Research question and methodology

Medical student identity formation is a "hot topic" in medical education research. This report draws on data, collected as part of a longitudinal phenomenological study on the experience of being a medical student in a Dutch medical school and how these experiences informed physicians' professional identity development. In year 1 of the study, potential student participants were purposively selected to include a range of ages and gender, and student and prior patient experiences (HELMICH, BOLHUIS, DORNAN, LAAN & KOOPMANS, 2012). Interviewees were followed up in year 3, 4, and 5 of study, by the same experienced qualitative researcher and elderly care physician (co-author EH). She began the semi-structured interviews by asking: "Can you describe what your experience of being a medical student is like?" She actively reminded participants of what they had said in previous interviews and asked if and how their experiences had changed over time. Interviews ranged from 30 minutes to one hour in duration, were transcribed and carefully translated into English by EH. The final data set for this study consisted of four in-depth case studies of medical student participants, of which our participant was one. Each case study drew on a set of four interviews (total 16 interviews) spanning individual participants' medical school careers. [13]

The research team included three physicians (MK, EH, TD), a nurse (JdV), and a psychologist (NK). At the beginning of the study, EH worked as faculty in the university where the study was conducted; mid-way through the students' study, she moved to another university. The remainder of the team were university faculty in medical education and psychology representing the Netherlands (EH, JdV), United Kingdom (TD, NK), and Canada (MK). Three members speak Dutch (JdV, EH, TD). [14]

Close attention to the researcher's perspective is fundamental to phenomenological research. To access the essence of an experience, HUSSERL (2012 [1913]) advocated that investigators put aside their assumptions and preconceptions of the phenomenon under study, through the process of bracketing. HEIDEGGER (2008 [1927]) moved away from the concept of bracketing, arguing that man cannot be free of history, past, present and future. There is no such thing as raw experience, as all experience is interpreted on the basis of all prior experience. He advocated attention to "horizons of experience," as part of an interpretive circle, to help understand how the horizons of subject and object can fuse. In contemporary phenomenological health research, FINLAY (2008) presented the notion of a reductive-reflexive dance: rather than simply identifying and putting aside previous perceptions, a researcher repeatedly scrutinizes them and confronts them with new understandings, "slid[ing] between striving for reductive focus and reflexive self-awareness; between bracketing pre-understandings and exploiting them as a source of insight" (p.1). In doing so, the researcher emphasizes the relational, dialogical nature of reflexivity between and within researcher and respondent. [15]

At the time the study began, Dutch law exempted educational projects from formal review by a research ethics committee, placing responsibility for the ethical conduct of research on researchers themselves. The team discharged that responsibility by recruiting non-coercively, obtaining informed consent, and maintaining participants' confidentiality by using pseudonyms in interview transcripts. [16]

4.3 Selfie case study

It was the analysis of two interview transcripts from this project by members of our research team, who had not met the participant that catalyzed the research presented here. This report focuses on an initial team meeting, which took place in a Dutch medical school. We started our analysis by concentrating on two interviews with one student whose pseudonym was Veronique. In the first interview, Veronique was towards the end of the third year of the program, learning theory in non-clinical settings. In the second interview, Veronique was learning practice in hospital settings. The data comprised Veronique's interviews and field notes. [17]

5. Engaging with Embodied Reflexivity

We present how we engaged in an embodied reductive-reflexive process with Veronique, through the use of selfies. Our report is structured according to FINLAY's (2005) layers of reflexive embodied empathy. [18]

5.1 Layer 1: Connecting the other's embodiment to one's own

Only one member of the team (EH) had met Veronique so our main connection to her was via translated interview transcripts. The challenge, as defined by FINLAY's model, was to bring our own physical experiences into contact with hers in order to connect our lifeworlds. MK, JdV, and NK started by reading the interviews and discussing initial thoughts. The following describes our preliminary reactions, as recorded in reflective notes:

> "JdV & MK read and reread the interviews individually. We highlighted key words, jotted ideas in the margins and then wrote brief case summaries. We then read our accounts to each other and wrote a joint summary of our reactions. Veronique was preoccupied with the physical challenges of getting to and from clinic, long days, and the burden of travel. The tone of the interview was tentative; the transcript was full of unfinished sentences and the words 'but' and 'perhaps'. Veronique reflected on feedback from her teachers that she should be more 'present' and 'visible' on the ward. We opened our conversation by expressing irritation with Veronique. Just like her teachers, we found her a disengaged and passive learner" (see the Appendix for illustrative quotes from interviews). [19]

We later reflected on and explored these reactions. We discussed the interviews with EH, whose interview field notes contained this entry:

> "During the interview, I'm aware of a lot of distracting feelings. I realize that I'm working very hard, trying to keep the conversation going, afraid of silences because she keeps looking at me with such a questioning and seeking face. I very strongly identify as a teacher instead of a researcher. There's a strange feeling in my body, a kind of cramping in my stomach, which I understand as a mixture of pity, and a sense of heaviness, reluctance, anger, resistance. I feel myself shrinking, being afraid of asking questions, being afraid of offending her, feeling very uncomfortable too. I am feeling pity, seeing a young student being fully overwhelmed, not at ease, very uncertain, and uncomfortable. I want to take care for her, to protect her, to shield her from reality. But I also want to confront her with the opportunities she has as a medical student, feeling angry about her moaning instead of valuing and using the opportunities we have created for her." [20]

JdV and MK's frustration with Veronique arose from their role as faculty dealing with seemingly endless requests from students immersing themselves in clinical life. Travel challenges to placements, early starts, and inadequate accommodation were all too familiar grumbles. Similar issues had been problematic during our own training and nobody had addressed them. We had managed, why couldn't she? Figure 1 shows our first selfie, Martina, Joy and Nigel express frustration with Veronique. But then we experienced a physical weight, like a heaviness in our chests, associated with a sense of shame. We had criticized Veronique across a generation gap. We had the embodied realization that, rather than focusing on Veronique as an individual, we had stereotyped her and reacted as teachers rather than as researchers. NK reflected on his reaction to Veronique's story as a father of a university student. As we shared that sense of remorse, the burden seemed to lift. We sat in an unfamiliar quiet room in a university. Outside the window, young people whizzed in and out on bicycles, laughing and chattering. The vibrancy contrasted with the stuffy silence in our room. We felt uncomfortable and slightly intimidated, outsiders in an unfamiliar setting. Our own physical experience resonated with Veronique's experience of entering an alien clinical setting for the first time. We wondered what it might have been like for Veronique to be confronted by a new language, unknown faces, and high expectations.

Figure 1: The critical teachers [21]

5.1.1 Becoming critically aware

To identify with Veronique, we needed first to recognize and acknowledge our presumptions and prejudices. The experience of physical discomfort in a strange environment made us feel connected with her, which led us to put aside these preconceptions. This broadened our interpretation of the interview data to a more holistic view of Veronique as a young female university student. By seeing ourselves in a wider context, we were able to situate her within a wider social context. [22]

Our varied gender, age, country of birth, and occupational culture gave us a range of perspectives on our positionalities. On one level, MK, EH, TD, as physicians with personal experience of medical training, were insiders. MK and TD's lack of cultural immersion in the Dutch context made them "outsiders." JdV was an "insider" as she worked as faculty in a Dutch medical school, yet as a nurse she was "outside" physician training. Similarly NK's position as a psychologist with no experience of medical training made him an "outsider," yet, his extensive experience as a university teacher gave him unique insights into students' lifeworlds. Whilst these "insider-outsider" roles brought important insights (DWYER & BUCKLE, 2009), they were insufficient on their own to represent our multi-layered positionalities, as researchers, teachers, physicians, women, and parents from different cultural backgrounds (RYAN, 2015). Figure 2 shows a selfie of Joy and Martina standing in front of some research papers. Such displays of the latest research are common in teaching hospitals. We contrasted our attitudes to research papers as students and now as researchers.

We wondered what Veronique might have thought about being the subject of one of these papers, or if one day, she might author one herself.

Figure 2: Learning as a student and researcher [23]

Bracketing our initial disconnect allowed us to identify and connect more fully with Veronique. Re-examining the transcript with fresh eyes made us aware we had glossed over her role on the student board, her enjoyment of sports, and the conscious decision she had made to give up leisure activities and prioritize her learning. We broadened our consideration of Veronique as a person and were struck by the multiple contexts in which her story was situated: the university, the hospital ward, the student club, and her home. [24]

5.1.2 Why selfies?

As we reflected on younger people and the integral role social media play in their lives, we recalled looking out of the window and seeing groups of young students taking selfies. One of us remarked how common selfies were and how they seemed to be integral to the life of a young person. It was a Eureka moment—never having taken selfies before, we decided to take some as a means to get inside the lifeworld of our young medical student. [25]

5.2 Layer 2: Acting into the Other's bodily experience

In order to take up, identify with and enact the Other's experience (FINLAY, 2005, p.281), we imagined ourselves in Veronique's world using excerpts of the transcripts to guide us. We noted that Veronique was unsure of herself in clinical contexts and her experiences were almost fearful. In Figure 3 we pretended to think about Veronique during ward rounds, we imagined she was nervous and that that she would try to avoid questions. Our selfies, which showed wide eyes and blank faces, stimulated us to reflect on the impact of such formative experiences.

Figure 3: Ward rounds, please don't ask me a question [26]

In contrast, it was a more confident Veronique who discussed being with her friends. These different viewpoints revealed different aspects of her lifeworld. [27]

5.2.1 Making selfies

We first experimented by taking selfies in different environments: a ward, the student lounge, the bicycle shed. We role-played extracts of the transcripts, posed, and recorded our immersion in her world. [28]

We photographed a series of selfies very quickly, altering our facial expressions, positioning our bodies, and using props (see below). Making selfies became infectious and gave us a sense of action. Rather than think and describe what we

would do, we *did;* our bodies intuitively posed in reaction to the text. For example, we imagined ourselves as Veronique, meeting a man with severe liver disease;

> "It is [pause] you are so close to people [pause] For example, when I was on call, uhm, then there was a man going down, he was in severe pain, and then, well, he took my hand, and told me it was very painful. And then I stayed with him, and, uhm, yes, you know, he had ascites, you know, in his abdomen. And he died the day after. And I heard that from another clerk, uh, next Monday. And then I thought, wow, that was really quick, I had been with him, and I might have offered him some support, you know" (Interview 2, lines 200-208). [29]

In Figure 4, Joy and Nigel pose re-enact the scene associated with this quote. Joy pretends to be Veronique, she is not sure where to look and feels uncomfortable, she wants to support the sick man but doesn't feel confident she can.

Figure 4: Veronique and the patient with liver disease [30]

To make our selfies more authentic, we borrowed physical artifacts from the hospital environment (a laboratory coat, rubber gloves, research papers, and alcohol hand scrub) and became aware how they promoted different embodied reactions. SANDELOWSKI (2002, p.109) refers to artifacts as the "unmined gold mine" of qualitative research, but suggests that their apparently neutral and mute nature lead us to ignore them. Yet artifacts are central to social context and lived experience; they are socially constructed, embodying human goals, desires and identities (ibid.). We thought about how artifacts might "shape, regulate or constrain" (p.111) Veronique's experience. Our exploration of this extended to the smells of hospital food, and the sounds of beepers, running feet and trolleys being pushed. We experienced the sense of security and power of putting on a physician's white coat. As MK put on a white coat in the hospital, she remembered a sense of being constantly unsure that characterized her own medical training. Donning the white coat gave her a sense of safety, of possible fitting in. NK, the non-clinician member of the team, reflected that his selfie in a

white coat made him really feel like an official doctor. Dressed in our white coats, we recruited medical students to recreate Veronique's social context and extended our selfies to "us-ies" (group selfies). We finished this emotionally exacting exercise with a sense that we had bonded with a young woman we had not met. [31]

5.2.2 Aesthetic self-stylization

Selfies helped us enter into Veronique's experiences at a corporeal, pre-reflective level (FINLAY, 2005). This form of imagined self-stylization freed us from the constraints of our professional disembodied selves to immerse ourselves in a different physical, constructed reality. To paraphrase MERLEAU-PONTY (1962 [1945]), it was precisely our bodies that perceived Veronique's body despite our physical remove from her. [32]

5.3 Layer 3: Merging with the Other's bodily experience

The last challenge was to intertwine our experiences with those of Veronique so that an embodied connection "opened on to, and disclosed the Other" (FINLAY, 2005, p.284). MERLEAU-PONTY (1962 [1945], p.258) explained that to experience a structure is "not to receive it into oneself passively: it is to live it, to take it up, assume it and discover its immanent significance." Understanding, therefore, comes from taking up, identifying with, and, in this case, enacting the Other's experience. As MK put on her white coat, she remarked—"let's pretend to be doctors," to which JdV replied "but you are a doctor." Posing as Veronique and then viewing the images juxtaposed a sense of being the same with one of being different; a physical realization of self and Other. MERLEAU-PONTY (1968 [1964]) used the metaphor of a chiasma—a point of overlap of chromosomal material where genetic material is exchanged—to describe the process of merging with another. He believed in inter-corporeal being; "to the extent that I understand, I no longer know who is speaking and who is listening" (MERLEAU-PONTY, 1964 [1960], p.97); "the intertwining of my life with the lives of others, of my body with the visible things, the intersection of my perceptual field with that of others" (MERLEAU-PONTY, 1968 [1964], p.49). [33]

5.3.1 Reviewing selfies

We crowded around the screen to look at the selfies and us-ies we had made. This physical process allowed us to step back and consider what had occurred. Our aim had not been to become Veronique but to vicariously enter her lifeworld and gain a better understanding of the phenomenon of being a medical student. We shared our own prior experiences, and how Veronique's experiences made us feel, to imagine how she felt. We reflected on the white coat, its symbolism, its role in training, and how it may have contributed to Veronique's sense of presence. We related our reflections to one of Veronique's early observations, that people interacted with one another more freely when they did not wear white coats. [34]

The shared, physical nature of selfies enabled us to reflect as individuals, discuss our experiences as a team, collaboratively explore and challenge each other's reactions, relate our discussions back to the transcripts, and develop an understanding of Veronique's lifeworld. Veronique may have felt many tensions: being intimidated by senior staff, needing to appear like a doctor, bearing witness to suffering, feeling powerless, and having a strong desire to reach out and support sick people. Far from Veronique being "absent" in her learning, the clinical environment did not encourage this gentle young woman to be present. [35]

6. The Bigger Picture—Reflecting on Action

Use of selfies was a turning point in the larger study, from which this case study of Veronique came. The reflexive process described above enabled us to identify potential bias in our analysis. Recognizing our different positionalities, as professionals and in a more personal subjective sense, and discussing these within a team setting allowed us to re-examine the data from new viewpoints. Group discussion further enabled us to move beyond the dichotomy of insider/outsider status to explore how multifaceted aspects of our identities (RYAN, 2015) interplayed with those of our participant. We experienced this as giving us a better understanding of her lifeworld. In our initial reading of the transcripts, for example, we had approached the interview within our "insider" role as faculty working in a medical program. For example, as MK drew on her experience of being a medical student, she felt a connection with Veronique, but this shared experience risked labeling Veronique as a "student" rather than seeing her as an individual. Our dual role helped us understand some aspects of Veronique's experiences but risked leading us to make assumptions. Critical discussions between us as to who Veronique was, or might be, enriched by our diverse experiences as clinicians, women, teachers, parents, led us to scrutinize our transcripts line-by-line. NK, as a non-medical member of our team, helped tease out some of these assumptions as we viewed our selfies. Simultaneously, MK and TD, who had not trained in the Netherlands, questioned contextual aspects of Veronique's experiences. These insights sensitized us and remained in the foreground as we analyzed the remainder of the dataset, allowing us to work back and forth across different positionalities to probe our interpretations and sensitize us to accessing the lifeworld of other participants. [36]

7. Discussion

This case study addressed the need to make reflexive practice more transparent. Selfies helped researchers imaginatively enter the lifeworld and form an embodied connection with a research participant who was otherwise only represented in the research process as an interview transcript. Selfies supported team interaction and encouraged researchers to enrich their qualitative data analysis with artifacts and other non-discursive tools. The case study also shows how FINLAY's (2005) model of reflexive embodied empathy can be applied to remote analysis as well as the data-gathering phase of qualitative research, and to interaction by proxy as well as face-to-face. It shows how researchers can open themselves to multiple views of the self, indulge their imaginations, and

physically reframe themselves as research participants. This study is, in sum, a theorized example of how technology can help researchers explore a methodological problem in order to advance the field of qualitative research. [37]

FOUCAULT's (1988) theory that finding new ways of seeing and interpreting the world is a fundamental part of human nature informed our analysis. His reading of ancient writings, practices, and philosophies led him to contend that the rhetorical question "who am I?" drives people to find ways of understanding themselves more deeply. He wrote that a process of purification of body and mind helps individuals become more self-aware. They use any available means to explore their "natural" dispositions, their physical nature, attitudes and how they are in the world. Selfies, it has been argued (TIIDENBURG & GÓMEZ CRUZ, 2015) are just such a means; a technology of the self. Certainly, they helped us see and interpret the world in new ways by vicariously entering the lifeworld of the Other. This experience contrasted with our medical training, which may be described as a process of disembodiment (POIRIER, 2006). Long hours and prolonged periods of hunger potentially teach students and subsequently physicians to deny their bodies. In this sense, there was a tension between the governmentality of medicine, which promotes an absent body and the insights afforded through the embodied experiences of making selfies. [38]

This case study demonstrates within the field of medical education the value of taking up anthropologists' (LOCK, 1993) and others' insights about how bodies and minds entwine in critical self-awareness. Physical reactions, rather than just cognitive processes, allowed us to extend, experiment, and incorporate reflexive awareness. This bears comparison with FOUCAULT's (1988) reference to the practice of "askesis" (p.35), wherein a person confronts events and uses discourses available to them, thus becoming more subjective. Askesis is a progressive consideration of self, which leads to new forms of self and being. Our sudden awareness of our physical reactions also echoes ideas of MERLEAU-PONTY (1962 [1945]) that the body is an ever present gateway to understanding, which we too easily take for granted. [39]

As well as embodied critical self-awareness, aesthetic self-stylization gave access to our physical pre-reflections. This occurred when we posed as Veronique and projected ourselves into her lifeworld "through an imagined kinesthetic bodily exchanging" (FINLAY, 2005, p.278). We made use of physical environments and material props to re-define ourselves as this young student. Although initially awkward and uncomfortable (PILLOW, 2003), selfies supported a process of aesthetic self-stylization by bringing our imaginations into play with a lifeworld, which was represented otherwise by relatively lifeless text. We experienced further discomfort in our conversations afterwards as we recognized how our privileged insider positions as medical faculty removed our participant's individuality. As products of a technology of power, our medical training led us to objectify her as "*a* student." Using selfies as a technology of self made us aware of that tendency. [40]

"Imagination," according to MEZIROW (1991, p.83), is "indispensable to understanding the unknown. We imagine alternative ways of seeing and interpreting. The more reflective and open to the perspectives of others we are, the richer our imagination of alternative contexts for understanding will be." One acts out imagination in play, as we did when we playfully posed for selfies, in order to "slacken the threads" (MERLEAU-PONTY, 1962 [1945], p.xv) of our professional attitudes, open up a sense of wonder, and realize our prejudices. We drew on our memories to help inform our imagination of what Veronique's world was like. Reflexivity was not just confined to the here and now but connected with our prior life experiences. GADAMER (2004 [1960]) wrote about the importance of play and its contribution to the hermeneutic circle as a back and forth process between players. By bringing our pre-understandings into the game of selfies, we played a hermeneutic back and forth between our own experiences and our imagined perceptions of Veronique (LINDBERG, VON POST & ERIKSSON, 2013). Serious play is another informative theoretical perspective. This requires adults to couple creative higher-order thinking with intense personal commitment (RIEBER, SMITH & NOAH, 1998). It is recognized as having a significant contribution to education (DE CASTELL & JENSON, 2003) and business (SCHRAGE, 2013; STATLER, HERACLEOUS & JACOBS, 2011). This idea could explain how such an apparently trivial, playful action as taking a selfie helps researchers be reflexive. A strength of our methodology is that we worked as a team, which fostered critical interpretation of data, expanded personal insight, provided emotional support and created a sense of community (RUSSELL & KELLY, 2002; PHOENIX et al., 2016). Seemingly innocent moments of tension within teams can unearth deeper assumptions and help clarify lines of inquiry (BARRY, BRITTEN, BARBER, BRADLEY & STEVENSON, 1999). [41]

Embodied reflexivity, facilitated by the technological artefact of the selfie, enabled us to challenge our initial rather detached and judgmental interpretation of Veronique's story. As TODRES (2007) argues, approaching analysis in a manner that takes our lived bodies as researchers seriously affords an understanding of the texture as well as the structure of experience. It enables a pre-reflective, aesthetic and empathic understanding to complement the more logical, cognitive side of our sense-making. Such embodied engagement can have a strong impact on the researcher, giving rise to risks as well as opportunities. It can seduce researchers into being interested in their own responses for their own sake, rather than entering imaginatively into the participant's lifeworld. At worst, this could result in self-indulgence rather than genuine understanding. Similarly, the strength and immediacy of reflexive experience can deceive researchers into thinking they have gained a direct and full access to the participant's lifeworld. Certainly, in our experience of physically pretending to "be Veronique," the physical experience is likely to make researchers wonder what an experience can be like for another person; there is almost the sense of a physical *gestalt*. But even when dressed up, posed, and positioned; we remain products of our own horizons of understanding. A researcher may pretend to be a medical student, and embodied experience that bring them closer to the student's lifeworld, but this is still different from actually being a medical student. [42]

Finally, it is important to consider what limits there would be to the utility and acceptability of the exercise we have described. Tensions between the familiar and the unfamiliar are what make phenomenological understanding possible. To recognize what is distinctive in the experience of others, there must be enough in common with that other to afford the researcher a sense of sameness and difference. As TODRES (p.15) says, "[if] fit were possible to only have the 'unfamiliar', there would just be wordless shock or even non-recognition." We were (in varying ways) familiar with medical education in Western countries, though we were unfamiliar with the particularities of Veronique's life and, to some extent, with her generational context. Were she a student from a developing country, or a student with a physical disability, for example, we might have had too little in common to explore her and our unfamiliarity well. The danger, then, would be of "filling in" this absence of the familiar with expectations and assumptions that owe more to stereotypes than actual experience. In such circumstances, power and privilege could further limit our analysis. We cannot offer any simple recipe for identifying when the tension between the familiar and the unfamiliar would be so great as to impede the embodied reflexivity we advocate, but we can urge researchers to think carefully through this issue. [43]

8. Conclusions

What is new about this report is that we facilitated *embodied* collaborative reflection. We reacted physically to each other's bodies, became sensitized to the physical feelings invoked by interview text, and responded to what we had constructed as a team. We have shown, at a practical level, how embodiment theory and reflexivity can be incorporated, literally, into research processes. Selfies and us-ies were tools that helped us tap into our own physical lifeworlds and connect with our participant. Viewing them allowed us to access the essence of that experience. We propose that selfies offer fertile ground for exploring self in relation to the Other, where self-stylization and critical reflection allows researchers to access pre-reflective embodied awareness. [44]

Appendix: Excerpts From Veronique's Interview 2

"Yeah, I don't know. But, uhm ... Yes, I think that I, it is, ... if I feel really attracted, than I will put more effort into it ... And that, uhm, when I read a bit more" (Interview 2, lines 145-146).

"Uhm, yes, at the start it was really tiring. I had my placement in XX, so I needed to travel, and that was on top, taking the train ... I wasn't used to that by then" (Interview 2, lines 60-61).

"I only happen to be afraid, you know, if you are in your final year, by then, you know, I wonder: Oh, will I really be able to do it myself, reaching the level of being almost a doctor yourself. And then I wonder if I really will be able ..." (Interview 2, lines 319-321).

"Uhm yes, I now know better how things are going, right now. And otherwise, I will ask it, if I need to know. I am feeling less afraid than before, I think, than before …" (Interview 2, lines 458-459).

"When I was doing Neurology, I think ... I was feeling ... These are the really severe cases, you know ... There was a woman, who had a locked-in syndrome. The locked-in syndrome. And I was, I was in the room with the family when the resident told them that there was a really bad prognosis, that she would going to die. And then, then I had ... Well, I don't know, uhm maybe, maybe I also was in tears, you know, in that room" (Interview 2, lines 483-487).

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